PRINTED: 09/07/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 290005					PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WIN	B. WING			C 04/17/2009	
	OVIDER OR SUPPLIER		,	1.	REET ADDRESS, CITY, STATE, ZIP CODE 409 EAST LAKE MEAD BLVD IORTH LAS VEGAS, NV 89030	<u> </u>	.,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS	}	А	000			
	a result of a Medicare	ficiencies was generated as e Complaint Validation your facility from 4/15/09					
	The survey was cond CFR Part 482 - Hosp	ucted in accordance with 42 itals.					
	by the Health Division prohibiting any crimin actions or other claim	clusions of any investigation in shall not be construed as al or civil investigations, as for relief that may be under applicable federal,					
	The census on the fir 114. 30 clinical records we	st day of the survey was ere reviewed.					
	The Condition of Part CFR 482.23 Nursing	icipation was not met for Services.					
	The following compla found to be substanti	int was investigated and ated.					
	Complaint #NV21147 A 0385, A 0395)	'- substantiated (See Tags:					
	The following regulate identified.	ory deficiencies were					
A 385	482.23 NURSING SE	RVICES	A	385			
	•						
	This CONDITION is	not met as evidenced by:					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		290005	B. WIN	IG	G I		C	
NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL				1	REET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030	04/1/	7/2009	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
A 395	Condition of Participal based on deficiencies including: Failure to document in assessments thorough status timely. Failure to transfer the setting. Failure to monitor the setting. Failure to treat as ord timely manner. Refer to Tag A 395. Complaint # NV 2114482.23(b)(3) RN SUF CARE A registered nurse must the nursing care for each of the setting of the nursing care for each of the setting of the setting. This STANDARD is Based on interviews failed to ensure accurate supervision and evaluate sampled (#1). Findings include: Patient #1 Patient #1 was a 76 y 1/13/09 with diagnosing history of Chronic Obpulmonary Embolism	naintain compliance with the stion for Nursing Services is cited at Tag A 395 nursing care and shly and act on declining a patient to an appropriate a patient in an appropriate stered by the physician in a PERVISION OF NURSING sust supervise and evaluate		385				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		290005		G		04/	C 17/2009
	ROVIDER OR SUPPLIER		•	140	ET ADDRESS, CITY, STATE, ZIP CODE 19 EAST LAKE MEAD BLVD ORTH LAS VEGAS, NV 89030		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 395	Patient #1 was admit 12:28 PM by ambular pain. The Emergency documented Patient approximately 10 mir #1 was admitted to the 1/13/09, as observating changed (from a 23 hadmission status) to from the Nurse's Notes or indicated Patient #1 viliters via nasal cannureceiving intravenous indicated he was drinted patient was noted to stimuli. A Physician's Order from the documented a "Transunity." The order was On 1/14/09, the Nurse documented the folloon 1/14/09, the Nurse documented the follo	ent #1 was noted to be ergency Room on admission. Ited to the ED on 1/13/09 at noce for a complaint of chest of Room Nurse's Notes #1's chest pain subsided nutes after he arrived. Patient the 2nd floor with telemetry on on at 9:00 PM and later was or observation status to a full full status on 1/14/09 in the full status on 1/14/09, was stable, on Oxygen at 2 la, telemetry and was fluids (IV). The notes king fluids and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating. The one responsive to verbal for Patient #1 dated 1/14/09, was stable and eating.	A	395			

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		290005	B. WING				C 7/2009	
NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL				1409	T ADDRESS, CITY, STATE, ZIP CODE DEAST LAKE MEAD BLVD RTH LAS VEGAS, NV 89030			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
A 395	informed them pt. wa - 1950 (7:50 PM), "La drawing blood pt. mo' (Registered Nurse) at arms so blood can be - 2000 (8:00 PM), "Pt on BiPAP (Bi-level Pomaintained iv (intrave (doctor) order. Pt. dro hob (head of bed) up - 2020 (8:20 PM), "lot access needed for ar - 2030 (8:30 PM), "Pt maintained." - 2040 (8:40 PM), "fal with care. pt still talks BiPAP maintained." - 2050 (8:50 PM), "icu #2) still at bedside tal condition family alrea pt will be transferred available and charge it." - 2100 (9:00 PM), "icu lua (left upper arm) still act no redness. icu still on the unit made started is puffy." - 21:30 (9:30 PM), "iv switch iv to Ifa (left fo - 2130 (9:30 PM), "	s going to ICU." the (laboratory) at bedside wing arms, this rn to bedside helping to hold pt. e drawn." in mild respiratory distress positive Airway Pressure) anous fluids) infusing per Md away but arouseable. Kept in bed. " u charge rn here to start iv attibiotic therapy." on NPO (nothing by mouth) mily at bedside supportive voice slow and garbled u (ICU) charge rn (Employee ked to family about pt's dy aware from day shift that to icu as soon as bed is rn has talked to family about a charge rn started an iv to witch iv of ns (Normal ite." ath (catheter) discontinued charge (Employee #2) rn aware that the iv he just to left upper arm puffy rearm) site." amp bicarb hung at pt following commands lowing commands but goes and off." First liter infused following	A	395				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPI	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING		С			
		290005	B. WING		04	/17/2009	
	ROVIDER OR SUPPLIER		14	EET ADDRESS, CITY, STATE, ZIP CODE 09 EAST LAKE MEAD BLVD DRTH LAS VEGAS, NV 89030	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
A 395	another iv access for blood transfusion." - 2220 (10:20 PM), "p maintained at 45 deg on his left side incont dried ivf infusing well (shortness of breath) - 2240 (10:40 PM), "p awaken breathing slig maintained." - 2300 (11:00 PM), "it to 2 different sites to remains drowsy but a (times) 3 lung sounds - 2335 (11:35 PM), "th pt's condition and at (Employee #2) at bed him up for hr (heart rastill has minimal shall blue (cardiopulmonal The Nurse's Notes of AM Patient #1's blood a heart rate of 106. Thoted was 95/43 at 8 106. There were no cuntil the Code Blue awas given 1 amp (am recorded blood press 113/38. On 1/15/09 at 12:02 indicated Patient #1's physician. During an interview of the properties of the physician.	cu charge rn still attempting antibiotics and eventually of the repositioned in bed hob rees pt has tendency to stay inent of urine pt cleaned and pt. denies chest pain or sob. of dozing on and off easily ghtly labored BiPAP of and vancomycin infusing left leg sites clear. Pt arouseable side rails Up x is diminished." his rn at bedside checking on the same time, icu charge rn diside states telemetry called ate) of 30. pt non responsive low breathing no pulse code by resuscitation) called." of 1/14/09, indicated at 8:44 and pressure was 110/52 with the next blood pressure in the recorded vital signs at 11:35 PM when the patient apule) of Epinephrine. The sure at 11:40 PM was AM, the Nurse's Notes was pronounced by the ED on 4/17/09, Employee #1 she was given a late report	A 395				

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NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL			140	ET ADDRESS, CITY, STATE, ZIP CODE 09 EAST LAKE MEAD BLVD DRTH LAS VEGAS, NV 89030		772003
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 395	Employee #1 indicate the patient at 7:45 PM day shift nurse told he his condition including Employee #1 indicate and noticed there was previous day. Employ helped the lab technic Patient #1 was very r Patient was a "hard s blood). Employee #1 indicate the floor about 8:00 Poon Patient #1. The pathowever the physicia blood transfusion that indicated Employee #1 to be transferred to the available and she indicated to the family and explorations are indicated. Employee #1 indicate Employee #1 indicated	Il working on Patient #1. In dishe received report about M. Employee #1 indicated the er Patient #1 had changes in glabored breathing. In dishe had assessed him is a change from the ere #1 indicated, she had can draw blood because estless. She indicated the tick" (difficulty drawing et demolected Employee #2 arrived on ereceived another line for a state was ordered. Employee #1 for a state was aware the patient was the ICU when a bed became icated Employee #2 spoke lained the patient would be soon as a bed became ereceived. Employee #2 called the inquire if Patient #1 could be	A 395			
	ED informed Employed hold waiting to be train was full. Employee # stayed on the floor fore-start the IV on Pati	Employee #1 indicated the ee #2 they had 2 patients on insferred to ICU and the ED indicated Employee #2 r at least 2 hours and had to lent #1 several times before sites in the patient's left leg.				
	call from telemetry at	d Employee #2 received a 11:35 PM that Patient #1's d that Employee #2 called a ient.				

I ? /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
A 395	Continued From page	e 6	AS	395				
	#1's vital signs on 1/1 indicated she was so forgotten to document pressure and heart rate in the pressure and heart rate in the pressure and fluids started in his leg. Ememployee #2 was in a patient's physician, the patient's physician, the patient #1. Employed before he was that was ordered and documented all of this interview with the Director of Clinical Se 4/17/09, indicated that (Employee #2) did a light pressure in the	the patient's blood ate in the Nurse's Notes. And Patient #1 received his through the IV Employee #2 ployee #1 indicated, communication with the interest in the electron of the patient able to receive the blood indicated she should have information. Director of Quality and the ervices for the 2nd floor on at the ICU RN Charge Nurse of of work on the patient and documented it in the chart.						